

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035418

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 184

FILED OCT 11 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cedar</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u> | | c. CITY OR TOWN <u>El Dorado Springs</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar Co. Memor. Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>104 E. 54 Hiway</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Ellen</u> Last <u>York</u> | | 4. DATE OF DEATH Month <u>October</u> Day <u>6</u> Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-30-69</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 11. BIRTHPLACE (City and state or country) <u>Cedar Co., Mo.</u> | |
| 13a. FATHER'S NAME <u>George Fain</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT Address <u>Mo.</u> <u>Mrs. Ed McWilliams, El Dorado Spgs.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis 332</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriolosclerosis</u> | | <u>5 years +</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>11:55</u> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. CITY, -TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from <u>9/24/63</u> to <u>10/6/63</u> and last saw her alive on <u>10/6/63</u> Death occurred at <u>11:55</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated: | | | |
| 22a. SIGNATURE (Degree or title) <u>Wm L. Sunderman, D.O.</u> | | 22b. ADDRESS <u>El Dorado Springs, Missouri</u> | |
| 22c. DATE SIGNED <u>10/7/63</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>10-8-1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sandridge Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Gwinn-Carothers, El Dorado Spgs. Mo.</u> | | 25. DATE REC'D. BY LOCAL REG. <u>10-8-63</u> | 26. REGISTRAR'S SIGNATURE <u>J. E. Humphreys R.H.</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

No Permit Attached